

John R. Ashcroft Secretary of State
2017-2018 BIENNIAL REGISTRATION REPORT
NONPROFIT

N00044461
Date Filed: 6/6/2017
John R. Ashcroft
Missouri Secretary of State

☒ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

*
SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: <u>8/31/2017</u>

N00044461
MEMBERS IN SOLIDARITY FUND
EDWARD ROBINSON
583 TRITON WAY
ELLSVILLE MO 63011

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 583 triton way dr (Required) STREET ellisville MO 63011 CITY / STATE ZIP

2	If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information. <input type="checkbox"/> The new registered agent IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT. <input type="checkbox"/> The new registered office address Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.
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3	<table><tr><td>OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW</td><td>A</td><td>BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW</td><td>B</td></tr><tr><td><u>PRESIDENT</u> jones, gary STREET 1002 brook mont drive CITY/STATE/ZIP ofallon MO 63366</td><td></td><td><u>NAME</u> pearson, vance STREET 1727 ciera ridge ct south CITY/STATE/ZIP st charles MO 63303</td><td></td></tr><tr><td><u>SECRETARY</u> robinson, edward STREET 583 triton way dr CITY/STATE/ZIP ellisville MO 63011</td><td></td><td><u>NAME</u> jones, gary STREET 1002 brook mont drive CITY/STATE/ZIP ofallon MO 63366</td><td></td></tr><tr><td>STREET CITY/STATE/ZIP</td><td></td><td><u>NAME</u> robinson, edward STREET 583 triton way dr CITY/STATE/ZIP ellisville MO 63011</td><td></td></tr><tr><td>STREET CITY/STATE/ZIP</td><td></td><td><u>NAME</u> STREET CITY/STATE/ZIP</td><td></td></tr></table> <p>NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED</p>	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW	A	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW	B	<u>PRESIDENT</u> jones, gary STREET 1002 brook mont drive CITY/STATE/ZIP ofallon MO 63366		<u>NAME</u> pearson, vance STREET 1727 ciera ridge ct south CITY/STATE/ZIP st charles MO 63303		<u>SECRETARY</u> robinson, edward STREET 583 triton way dr CITY/STATE/ZIP ellisville MO 63011		<u>NAME</u> jones, gary STREET 1002 brook mont drive CITY/STATE/ZIP ofallon MO 63366		STREET CITY/STATE/ZIP		<u>NAME</u> robinson, edward STREET 583 triton way dr CITY/STATE/ZIP ellisville MO 63011		STREET CITY/STATE/ZIP		<u>NAME</u> STREET CITY/STATE/ZIP	
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4	<p>The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable.</p> <p>Authorized party or officer sign here <u>gary jones</u> (Required)</p> <p>Please print name and title of signer: <u>gary jones</u> / <u>President</u> NAME TITLE</p>
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REGISTRATION REPORT FEE IS: __ \$20.00 If filed on or before 8/31/2017 __ \$25.00 If filed after 9/30/2017 Corporation will be administratively dissolved if report is not filed by 11/29/2019

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): ok2mi2mo@gmail.com